

RUBELLA CONGENITAL SYNDROME (CRS)

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** An illness usually presenting in infancy resulting from rubella infection *in utero* and characterized by signs and symptoms from the following categories:
- (A) Cataracts/congenital glaucoma, congenital heart disease (most commonly patent ductus arteriosus, peripheral pulmonary artery stenosis), loss of hearing, pigmentary retinopathy.
 - (B) Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meningoencephalitis, and radiolucent bone disease.
- B. **REPORTING CRITERIA:** Clinical diagnosis.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Isolation of rubella virus, **OR**
 - Demonstration of rubella-specific IgM antibody, **OR**
 - An infant's rubella antibody level that persists above and beyond that expected from passive transfer of maternal antibody (e.g., rubella titer that does not drop at the expected rate of a twofold dilution per month).
- D. **KENTUCKY CASE DEFINITION:** A clinically compatible case that is laboratory confirmed.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES URGENT NOTIFICATION:** REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT **IMMEDIATELY** upon recognition of a case or a suspected case in a time period not greater than 24 hours. If health department personnel cannot be contacted directly, notification shall be made by telephone to the emergency number of the Division of Epidemiology and Health Planning: **1-888-973-7678**.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
1. Kentucky Reportable Disease Form – EPID 200 (Jan/03).
 2. Congenital Rubella Syndrome Case Report (CDC 71.17 Rev. 3/95).
- C. **PREVENTION MEASURES:**
- Routinely administer initial dose of MMR (measles, mumps and rubella) vaccine at 12 - 15 months of age and second dose before school entry (at 4-6 years of age), or, if not received earlier, before sixth grade entry.
 - Vaccine is recommended for all susceptible women of childbearing age who should

be warned to avoid pregnancy for three months after receiving rubella vaccine.

- Prenatal or antepartum serologic screening for rubella immunity should be routinely undertaken. Women known to be pregnant should not be immunized during pregnancy.
- If infection occurs during early pregnancy, the woman should be counseled by her obstetrician about the high risk of damage to the fetus, explaining her options, including termination of the pregnancy.

D. PUBLIC HEALTH INTERVENTIONS:

- Immediately notify the Immunization Program: 502 - 564-4478.
- IG given after exposure early in pregnancy may not prevent infection or viremia, but may modify or suppress symptoms of disease in the woman. It is sometimes given in huge doses (20 ml) to an exposed susceptible pregnant woman, but its value has not been established.
- Suspected cases of CRS in hospitals or institutions should be managed under contact isolation precautions and placed in a private room. Prevent exposure to susceptible pregnant women.
- Infants with congenital rubella should be considered contagious until they are one year old, unless nasopharyngeal and urine cultures after three months of age are repeatedly negative for rubella virus. Advise mothers that their infants may pose a risk to susceptible pregnant contacts.

III. CONTACTS FOR CONSULTATION

- A. DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH:
502-564-3261.
- B. DEPARTMENT FOR PUBLIC HEALTH, IMMUNIZATION PROGRAM: 502-564-4478.
- B. DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA
BRANCH: 502-564-3418.
- C. DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY SERVICES:
502-564-4446.

IV. RELATED REFERENCES

1. Chin, James, ed. RUBELLA, CONGENITAL RUBELLA. In: Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 435-440.
2. Pickering, LK, ed. Rubella. In: 2000 Red Book: Report of the Committee on Infectious Diseases. 25th. Elk Grove Village, IL: American Academy of Pediatrics, 2000: 495-500.

3. Measles, Mumps, and Rubella – Vaccine Use and Strategies for Elimination of Measles, Rubella and Congenital Rubella Syndrome and control of Mumps: Recommendations of the ACIP. MMWR 1998; 47(No.RR-8): 1-58.